

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	lw	68904	9/14/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LL	811	10/13/00
RESPONSE FORMALITY REVIEW			

**Best Available Copy**

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
— (Through numeral)... Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date									
Final	Original	51	52	53	54	55	56	57	58	59
1	1	1	1	1	1	1	1	1	1	1
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36										
37		✓	✓	✓	✓	✓	✓	✓	✓	✓
38		1	1	1	1	1	1	1	1	1
39										
40										
41										
42	✓									
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If more than 150 claims or 10 actions  
staple additional sheet here

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